

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Genevieve Mattern					
STREET ADDRESS 1002 Northgate Dr					
CITY Erie		STATE PA	ZIP CODE 16505-		
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE MTSD School Board Director		DISTRICT NO.	PARTY	DATE OF ELECTION
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 5 3 21 TO 6 7 21		DATE OF ELECTION MO. DAY YEAR 5 18 2021		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION JUN 15 AM 9:24		
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

If this statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If this statement is filed on behalf of a Candidate, the Candidate must sign here.
 If this statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

8th DAY OF **June** 20**21**

Ann P. Filipowski
SIGNATURE

MY COMMISSION EXPIRES **6-18-2024**
MO. DAY YR.

Genevieve Mattern
SIGNATURE OF PERSON SUBMITTING REPORT

Genevieve Mattern
PRINTED NAME

AREA CODE **(330)** DAYTIME TELEPHONE NUMBER **718 2204**

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES: _____
MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

RECEIVED
COMMUNICATIONS SECTION
MAY 10 1964
U.S. AIR FORCE
WRIGHT-PATTERSON AIR FORCE BASE
DAYTON, OHIO 45433